

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

| Title of Invention | VIRTUAL GRAVEYARD AND MEMORIAL SITE | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------------------|-----------|-------------|-----------------|-------------|-----------|-------------|--------------------|------------------|-----|------|--|---|------------------------|---|------|----|---|--------------------------------------|--|--|--|
| Application Number : | | | | | | | | | | | | | | | | | | | | | | |
| Date : | | | | | | | | | | | | | | | | | | | | | | |
| First Named Applicant: | Mr. Gvozded Dokic | | | | | | | | | | | | | | | | | | | | | |
| Attorney Docket Number: | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL FEE AUTHORIZED \$ 375 | | | | | | | | | | | | | | | | | | | | | | |
| Patent fees are subject to annual revisions on or about October 1st of each year. | | | | | | | | | | | | | | | | | | | | | | |
| Filing as small entity | | | | | | | | | | | | | | | | | | | | | | |
| BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>375</td><td>375</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 375</td></tr></tbody></table> | | | | Fee Description | Fee Code | Amount \$ | Fee Paid \$ | Utility Filing Fee | 2001 | 375 | 375 | Subtotal For Basic Filing Fees: \$ 375 | | | | | | | | | | |
| Fee Description | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | | | |
| Utility Filing Fee | 2001 | 375 | 375 | | | | | | | | | | | | | | | | | | | |
| Subtotal For Basic Filing Fees: \$ 375 | | | | | | | | | | | | | | | | | | | | | | |
| EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 9</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 1</td><td>0</td><td>2201</td><td>42</td><td>0</td></tr><tr><td colspan="4">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table> | | | | Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | Total Claims : 9 | 0 | 2202 | 9 | 0 | Independent Claims : 1 | 0 | 2201 | 42 | 0 | Subtotal For Extra Claims Fees: \$ 0 | | | |
| Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | | |
| Total Claims : 9 | 0 | 2202 | 9 | 0 | | | | | | | | | | | | | | | | | | |
| Independent Claims : 1 | 0 | 2201 | 42 | 0 | | | | | | | | | | | | | | | | | | |
| Subtotal For Extra Claims Fees: \$ 0 | | | | | | | | | | | | | | | | | | | | | | |
| AUTHORIZED BILLING INFORMATION | | | | | | | | | | | | | | | | | | | | | | |
| The commissioner is hereby authorized to charge indicated fees and credit any overpayments to: | | | | | | | | | | | | | | | | | | | | | | |
| Deposit account number: | 500356 | | | | | | | | | | | | | | | | | | | | | |
| Access Code | ***** | | | | | | | | | | | | | | | | | | | | | |
| Deposit name: | APLUS LEGAL GREENBERG AND LIEBERMAN | | | | | | | | | | | | | | | | | | | | | |
| Deposit authorized name: | michael Greenberg | | | | | | | | | | | | | | | | | | | | | |
| Signature: | mlg | | | | | | | | | | | | | | | | | | | | | |
| Date (YYYYMMDD): | 2003-07-09 | | | | | | | | | | | | | | | | | | | | | |